



SCHOLARSHIP APPLICATION FORM

Submit Form to: SC Department of Social Services - Project HOPE
PO Box 1520
Columbia, SC 29202-1520

Scholarships are available only to members of TANF families, SNAP families and young adults aging out of foster care ages 17 to 30. Check appropriate box: TANF ☐ SNAP ☐ Foster Care ☐

Low-Income Health Science Completer ☐

1. PERSONAL INFORMATION

Student's Last Name: _____ First Name: _____ Middle Initial: _____
Gender Status: Male/ Female Date of Birth: ____/____/____ Age: ____ SS#: ____/____/____
Parent's Full Name: (If benefits are in their name) _____ SS#: ____/____/____
Home Address: _____ City: _____ County: _____ Zip: _____
Home Telephone #: _____ Cell #: _____ E-Mail: _____
Receiving Assistance: Section 8 or Public Housing? (Circle One) In case of an emergency,
whom should we contact? Name: _____ Relationship: _____
Address: _____ Telephone#: _____
Do you have any Physical disabilities? Yes or No If yes, briefly explain: _____

2. EDUCATIONAL BACKGROUND

Are you a High School Graduate? Yes or No (Circle One) Year Graduated: _____
High School Attended: _____ City: _____ State: _____ GPA _____
If not a High School Graduate: GED Score: _____ Test Date: _____
College Attended: _____ City: _____ State: _____ Credits Earned: _____
Major / Intended Major: _____ Full-time or Part Time: (Circle one)
Graduated or Anticipated Graduation Date: _____ GPA: _____

3. EMPLOYMENT STATUS

Employed: Yes or No (Circle One) Unemployment Insurance Claimant: Yes or No (Circle one)
Current Employer: _____ City: _____ State: _____ Zip: _____
Start Date: _____ Work#: _____ Duties: _____

Signature: _____ Date: _____